

"THE NEXT GENERATION"

A Rhetorical Analysis of the  
British and American AIDS Education Programs

An Honors Thesis (ID 499)

by

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July, 1989

GENERAL BACKGROUND of the DISEASE:

Acquired Immune Deficiency Syndrome (AIDS) evolved rapidly from a disease of select few to a frightening pandemic in eight years. In 1987 the World Health Organization (WHO) reported, 100,000 full-blown cases of AIDS. Globally 300,000-500,000 people had symptoms of AIDS and WHO estimated that there existed 5-10 million symptom free carriers (Masters and Johnson p.12). Masters and Johnson predicted that by 1991 over 1 million deaths would be caused by AIDS. They also expected more than 2 million full-blown cases to be reported by then (p.6).

For nearly a year, the genetic make-up of HIV seemed elusive to scientists. A retrovirus discovered simultaneously in the US and France, though under different names, was accredited with causing AIDS and other related illnesses (Selwyn p.10). In the U.S., the AIDS virus was called T-cell Lymphotropic Virus Type V (HTLV-V); whereas, french scientists claimed AIDS was caused by the Lymphadenopathy Associated Virus (LAV). Eventually Human Immunodeficiency Virus (HIV) was accepted as the international term for the causative agent (Selwyn p.3). Retroviruses are found in the Ribonucleic Acid(RNA) rather than in Deoxyribonucleic(DNA) like most diseases; therefore, the virus lived off the host cells. The virus could remain dormant in the body for at least five to eight years while producing no obvious symptoms.

The AIDS virus also had puzzling symptoms. Symptoms of full

blown AIDS included night fevers, rapid weight loss, extreme and unexplained bouts of diarrhea, occasional lesions and flu-like symptoms. The HIV virus was also a quickly mutating one and was usually fatal within five years of diagnosis. The rapid mutations and dead and dying victims reduced the chances for scientists to discover a cure. No known cure for AIDS existed, though drugs had been used to reduce symptoms.

#### PROGRESSION OF AIDS THROUGH SOCIETY:

AIDS was first reported in isolated cases and was most prevalent in the homosexual populations in San Francisco and in New York creating the sentiment that AIDS was a "gay disease". Because many people believed homosexuality was "wrong", they concluded AIDS was a punishment from God (Gregg p.13). One police operation in Europe went as far to say that "AIDS is not the problem, its the solution" (Mangold p.20). Moreover, the Scottish Health Minister, John McKay, proclaimed AIDS was "a totally self-inflicted disease and the victims should blame themselves" (Cosstick p.174). The United States was not exempt from this point of view. A U.S. administrator claimed the epidemic need not concern ordinary, middle-class, white Americans. Meanwhile, Britain's politicians were producing AIDS reports like the following " 4 million people will be dead by the end of the century" (Campbell p.9). This claim was supported by "wild speculation" that mutations of the virus could cause a newly contagious airborne infection.

The next population noticeably affected by AIDS were the

Haitian people. Haitians were discriminated against not because of their sexual preference, but because of their native homeland. Simply being Haitian earned them a "high risk" classification because it was believed AIDS originated in Haiti and spread to the rest of the world through returning businesspeople and tourists. In addition, a vast number of AIDS cases had been reported in Haiti, more than any other area with the exception of Africa (Marx p.23).

AIDS then spread through the populations of intravenous (I.V.) drug users and prostitutes. AIDS was not prejudice as to whom it infected, cases had been reported in the heterosexual population. AIDS first struck and seemed to run rampant among the groups of people that society considered "deviant" or "abnormal". Many white, middle-class people still considered themselves to be immune from AIDS due to their position in society. This attitude created many misguided views about AIDS:

From what I can see, all this fuss about AIDS is pretty exaggerated. I mean it's a problem if you use dirty needles or if you are bisexual or gay, but I've only slept with three girls this past year and I know them all pretty well (Masters and Johnson p.121).

When AIDS affected what society termed "innocent victims" and the icons of our culture, society realized designating blame was not helpful. While laying blame may have made people feel better, it did not reduce the spread of the disease. The first "innocent victims" were the hemophiliacs who acquired AIDS through infected blood transfusions. AIDS then reached into the heterosexual population- mainly through unprotected sexual

activity with a carrier of the virus. Of course society labelled the carrier partner as either promiscuous, an I.V. drug user, or bisexual. Society still labelled and laid blame in order to avoid the issue. It wasn't until icons of our culture, like Rock Hudson, presumably died from AIDS, that the nation was shocked into realizing action needed to be taken. After four long years, society finally realized AIDS was not something to be ignored.

#### INTRODUCTION TO THE PURPOSE:

AIDS was now recognized as a problem and one that required immediate action. AIDS education programs were considered controversial. Medical experts and AIDS researchers declared that education was a necessity, but others opposed these measures. The United States seemed bogged down in the issues while Britain seemed to ignore the dissidence and released public information regarding AIDS. Many people believed AIDS education would create unnecessary problems and opposed implementation of any educational programs. This opposition created negative attitudes towards AIDS and AIDS education programs. Furthermore, educational programs were often established without researching the effectiveness of the program. No national measure of effectiveness currently exists, yet education programs were implemented in 1985. Using Britain's and the United State's AIDS education campaigns as an example, this paper will provide an analysis of and a basic measure of what their campaigns have accomplished and the persuasive measures involved.

## METHODS of ANALYSIS:

### THE PENTAD:

In an attempt to analyze communication in a consistent and uniform manner, the speech communication field developed an analytical tool known as rhetorical theory. The foundation of rhetorical analysis is Kenneth Burke's Pentad. Burke was considered a founder of rhetorical theory and the Pentad was integral to the study and analysis of communication. The Pentad consists of five parts. The Act provides the reader with a basic introduction to the communicative model under analysis. The Scene describes the important events of the time, providing pertinent background information explaining and clarifying societal attitudes and beliefs. The Agent is the actual vehicle under analysis. It can be a certain speech, a commercial, a book or any other artifact which communicates with an audience. The Agency describes the rhetorical theories and strategies the Agent utilizes. Finally, the Purpose provides an interpretation and analysis of success or failure of the message portrayed by the act. This success is ultimately a product of the viewer's attitudes because as rhetorical theorists Campbell and Jamieson suggested "rhetorical forms do not occur in isolation...these forms are phenomena --syntheses of material that exists objectively in the rhetorical act and of perceptions in the mind of a critic" ( Campbell p.19).

### PERSUASIVE MOTIVES:

While the Pentad provides structure to analysis, persuasive

motives explain how and why persuasion occurs. The AIDS education campaigns of both the United States and Britain will be analyzed by using Walter Fisher's motives of persuasive: affirmation, re-affirmation, subversion and purification. According to Fisher these are the motives which govern any communicative and persuasive act (Fisher p.132). Affirmation confirms an idea or sense presented. For example, McDonalds commercials affirm not only the use of their product, but faith in the American way. They do this by presenting the audience with appealing and "all-American" images of their products. Re-affirmation occurs when the audience is told that they are indeed correct to believe in their ideas and values. To achieve the opposite effect, to negate an idea, or value is the goal of subversion. When a commercial convinces you to choose one product over another, one product is affirmed and the other subverted. Purification attempts to revitalize or change negative attitudes towards an idea or held value, and it's sometimes described as cleansing.

I chose to follow motives of persuasion as described by Fisher because they are used in both countries educational campaigns and are easily understandable. The structure and the intent of the educational campaigns can be revealed by examining the strategies used and applying the persuasive motives described previously. By doing this one can identify the effects of the AIDS education campaigns. In order to ease analysis, the original campaign will be focused upon, then specific parts of

each campaign will be reviewed and analyzed to provide further support and clarification. The Pentad will provide structure and clarification to the analysis and Fisher's motives will describe the persuasive process involved in the campaigns.

#### PART I- THE ACT

In 1981, the United States reported the first case of AIDS- a mysterious, baffling and fatal disease. By 1982, the disease was named and research ensued. Six years and thousands of deaths later, the United States' government finally began a national public education campaign. Meanwhile, England's government had been attempting to establish education programs for approximately a year. Proportionally, England had reported fewer AIDS cases than the U.S., but by 1986 England had launched the first in a series of educational programs about AIDS. These educational programs and the lack thereof, provided not only insight into the ideals and the problems facing the countries at that time, but showed how these factors culminated and affected society's attitudes towards the educational campaigns and ultimately the attitudes these campaigns created. By following the programs chronologically, developmental stages are revealed.

#### PROGRAM DESCRIPTION

##### BRITAIN:

Initially, most countries only funded AIDS research. However, many times this information was not readily available for the public. Britain was the first country to promote



education as preventative measure. 1986 marked the beginning of the first national AIDS education program in the United Kingdom. Since the initial intensive campaign, Britain has instituted a series of different campaigns approximately every other year. The first campaign was described as intensive and involved the use of television and radio spots aired throughout a specially designated AIDS AWARENESS WEEK. Also, during this time every household received a leaflet describing AIDS, its transmission, and prevention techniques. Meanwhile, outdoor boards and signs warned the British public "DON'T DIE OF IGNORANCE". The diversity of the media was to reach a large, diverse public and capture their attention while providing them with necessary information. The next campaign mainly involved TV spots warning the population "DON'T INJECT AIDS" and promoted posters carrying the same message. In 1987, Britain had begun promoting the use of condoms in the AIDS educational materials and during regular T.V. advertising. As more information and knowledge about AIDS was accrued, Britain continually updated educational materials and created new campaigns. The flow of information was also reduced at times to relieve the population from information overload.

#### UNITED STATES:

Despite the early diagnosis of AIDS, the U.S.'s initial response was to lock AIDS into the laboratory and the political arena away from public awareness. Despite the seriousness and

epidemic proportions of AIDS, the government focused on and provided funding only for research and treatment (cure) not prevention. So scientists searched for potential cures and means of prevention were virtually ignored by the government.

This stipulation did not mean that the United States government was not providing any AIDS education at all. It was simply not supporting educational programs on a national level. The government was not inactive. Healthcare workers and other public employees were informed of "risky behaviors" as established by the government and described in their healthcare pamphlets (developed explicitly for specific professionals). Although information was available to the public, this information was not always accurate as it was found in popular magazines, newspapers and on TV programs. Formal AIDS education did exist, but only in particular communities. For example, the homosexual population and the medical fields both had established effective educational programs. Due to rising pressure and an alarmingly rapid spread of the disease and deaths caused by AIDS, the U.S. government launched a national campaign after six years of inactivity.

In 1987, an informational pamphlet was distributed to every home in the US. By late 1987, commercial spots were aired about AIDS and its transmission, with either celebrity endorsements recommending "safe sex" or spots depicting what happened to a person once they contracted AIDS. Eventually (early 1988) educational pamphlets became commonplace- especially on college

campuses. However, not all the educational programs provided openminded, honest communication about AIDS.

Educational campaigns in both Britain and the U.S. suffered due to societal attitudes and the nature of the disease. AIDS was a frightening and fatal disease. This affected people's attitudes towards the disease and the people who had AIDS. The educational programs reflect these attitudes which can further be explained by exploring what was governing people's attitudes at the time. This examination will then aid complete understanding of the rhetorical message and the residual messages created by the educational campaigns.

## PART II - THE SCENE

To better understand the messages conveyed by the individual AIDS campaigns, one must first be familiar with Britain's and the U.S.'s historical context. Chronological examination of each country reveals the differing mindsets of the people and how their differing attitudes were shaped.

Internationally, the 1980's marked a politically conservative era and an attempt to return to "traditional values". The United States was firmly entrenched in President-elect Ronald Reagan's leadership and values, and would seemingly remain so for eight years. Reagan represented a return to the traditional family values of "home, health and happiness". Pushing defense to the forefront of issues for America with his Star Wars defense plan, Reagan framed the 1988/89 Soviet peace

talks around his defense plan. Britain represented a similarly conservative culture. Prime Minister Margaret Thatcher aggressively dominated Britain and the political climate. Thatcher also entered her own dialogue with Russia, but this meeting can not be described as successful as the U.S. visit or anywhere near comparable to Gorbachev's visit to the U.S.

#### BRITAIN:

In Britain times were simple. Politics were simple: Thatcher did whatever she wanted and her opposition was sent to Northern Ireland. Thatcher seemed almost invincible as she was continually re-elected. As time progressed so did Thatcher's power. She was a kindred spirit to Reagan and Britain maintained a special bond with the U.S. England had begun to show her power as the Continent and the United Kingdom are to be united as the European Community (EC). The EC was created after developing the European Economic Community and Central European Community from the Common Market. Consolidation of Europe would create a more competitive market and make Europe resemble the U.S.

While many people considered the British to be somewhat liberal, the people have remained deeply rooted in tradition. This sense of tradition was reflected by the support of the royal family. The British people worried about not only inflation, lack of land and nuclear war, but also about the survival of their heritage and identity.

British culture somewhat reflected that of the U.S. and actually acted as catalyst for some of the important events

occurring in the U.S. The British musicians were the first sponsors of national aid concerts and albums. The first song produced was "Do They Know It's Christmas?", a cumulative effort of the brightest British stars. Like the U.S., the U.K. was also fighting a drug war and declared Edinburgh, Scotland the drug capitol of the nation. Also, with the onset of random drug testing in the past summer olympics, the British people saw some of their olympic hopefuls disqualified for competition. The U.K. also saw its basic way of life threatened as freedom of speech was questioned and reevaluated. Thatcher eventually succeeded in preventing the IRA from obtaining any TV or radio air time by rescinding the Fifth Amendment.

#### UNITED STATES:

The 1980's were a period of fluctuation. In 1984, American pride soared when the U.S. hosted the summer olympics which Russia chose to boycott. During the Olympics, the American team captured the American spirit and numerous gold medals. In 1984 the U.S. also set precedent as the first female vice-presidential candidate was selected to run. The democrats nominated Geraldine Ferraro as running mate to Walter Mondale. Evidently, satisfied with their conservative leader, Americans reelected Reagan for four more years. Reagan pushed America to return to traditional values.

In the 1980's one event loomed on the horizon, the threat of nuclear war. And, similar to the British, many Americans were afraid. In 1986, Chernobyl brought this fear to the surface as

the world witnessed the devastating reaction. "Devastated" also described the feelings of the Americans when they saw their scientific wonder, the space shuttle Challenger, crash to the ground almost immediately after take off.

Meanwhile, the U.S.'s medical field was trying to make history and raced to cure debilitating diseases and ease the lives of the suffering. Scientific wonders included translating a baboon's heart into a human's body - as witnessed in the case of Baby Fae. As society and the medical field grew more advanced, the diseases they faced grew more complicated.

The continual rise of new diseases, like AIDS, recurrent measles and Lime Disease, problems caused by "bad" food and polluted air and the environment in which we live were constant reminders to the health conscious generation. The '80's society saw the rise of the "Yuppie" and an overall narcissic approach to life. Society supported the government's belief that "bigger is better". However, despite the pressure to return to traditional values, the U.S. actually saw traditional gender roles change. More women entered the workforce and many men found themselves becoming homemakers, many even voluntarily.

The children of this new consciousness were a "new" generation, the "media" generation. While science was producing miracles, so was technology. Everything could be seen on the small screen, and steps were being taken to create a big screen image at home. Music television stations surpassed the radio in popularity, and viewers turned to pay TV for entertainment as

opposed to regular TV stations or the theaters. They wanted immediate gratification and could receive it at the touch of a button. Not only had immediate gratification become popular, it became seemingly all important. USA TODAY, one of the most popular newspapers, printed information exactly as the title promised- a quick view of the USA today. Nevertheless, this newspaper still wasn't convenient enough, USA TODAY created a sister TV show. Now it could be read or viewed. Convenience and ease were the passwords of this generation.

The U.S. and Britain were two nations in a time of change and prosperity. They had begun to see a different power structure as women gained more power and the family system was altered. Science was rapidly evolving and relations with the rest of the world while not peaceful, were not antagonistic either. The culture's attitudes and climate did not always represent these changes however, as the countries generally remained conservative in thought and action. This could be attributed to the reaffirmation of the value of the family. Prejudice was still being fought, but many succumbed to it as well. While moving on towards the "bigger and better", both countries still remained frightened of grass roots problems: war, death and the unknown.

Moreover, both countries had to deal with a new frightening unknown of epidemic proportions: HIV which causes AIDS. AIDS was a completely different epidemic, one that was totally baffling and surely fatal. Despite the progressive technology, nothing

seemed to effectively prevent the spread of AIDS throughout the general population. Each country had to deal with AIDS and how to help the people control the disease. The way each country responded to the epidemic and the educational programs they established are both important factors in determining the attitudes people held towards AIDS.

### PART III - THE AGENT

#### DEVELOPMENT OF EDUCATIONAL PROGRAMS

##### INTRODUCTION:

In an attempt to bring the important information about AIDS to the public's attention, AIDS education programs were eventually implemented. The education programs suffered much the same fate as the people who had AIDS. In fact, in all instances, every government's original response to AIDS was focused on research. The focus of this search was for a cure as well, not for preventative measures. However, after years of inaction, steps were taken to raise the public awareness of AIDS. By examining the chronological development of Britain's and the U.S.'s educational campaigns, one can become more familiar with the campaigns and better understand them.

##### GENERAL BACKGROUND, BRITAIN:

Britain's AIDS education programs were recipients of "international praise"; however, the government did not instantly respond to the crisis (Cosstick p.173). The first education programs attempted to inform and warn people about AIDS. The



people were warned about the risks in donating blood; the blood supply was treated with factor VIII; tentative guidelines were published for health service staff and employees; research was funded. During this initial stage, specific information was aimed at specific individuals, primarily those people in health and public services. Britain voluntarily reported AIDS cases to the Communicable Disease Surveillance Committee (CDSC) (Cosstick p.175) and the government began a financial assistance program for people with AIDS and their families. However, AIDS education programs had become necessary.

#### ACTUAL PROGRAMS

1986:

In 1986 Britain's government finally launched the first in a series of a national AIDS education campaigns. A factual pamphlet was distributed that read "DON'T DIE OF IGNORANCE". The pamphlet promoted restricting sexual activity by emphasizing the role of sexual intercourse in the transmission of AIDS and encouraging the use of condoms (AIDS Pamphlet 1986). The television advertisements featured a series of erupting volcanoes while flashing phallic symbols across the screen. The text of the advertisement read "DON'T INJECT AIDS, SMACK ISN'T WORTH IT" (AIDS Commercial 1986). This ad discouraged I.V. drug users from sharing needles.

#### AIDS AWARENESS WEEK - FIRST WEEK of 1987:

The next program established was AIDS Awareness week, a massive, inundative educational campaign. The government

employed the use of all types of media- television ads and programs, radio spots, newspaper articles and ads, magazine articles and ads, outdoor boards, and informational pamphlets and posters. The original advertisements (from 1986) continued to be shown; however, outdoor boards reflected one of the two new slogans (DON'T DIE/DON'T INJECT) as did posters and a variety of pamphlets. The T.V. ads featured a pneumatic drill blasting the letters A.I.D.S. into a tombstone. The outdoor boards featured the text "DON'T DIE..." with a smaller text below that read "anyone can get it, gay, straight, male or female - already 30,000 people are infected". The posters and boards asked "How many people will get AIDS for christmas?". While some ads ran the scenario of "Your next sexual partner also could be that very special person ...the one who gives you AIDS" (AIDS promotions 1986), the condom ads stressed the use of the condom. The ads promoted abstinence, but acknowledged that abstinence was unlikely and offered the condom as an alternative to unprotected sexual activity.

Condom ads and AIDS newsprograms were also aired on T.V. during prime time hours. These ads and programs were open and explicit, but were only seen during that particular week (Independent Broadcasting Authority Yearbook p.28). The news programs were factual productions- providing explicit messages and graphic illustrations of AIDS, its effects and preventative measures that could be taken. These programs had a three-fold purpose:

1. Make the adult population aware of AIDS.
2. Develop Knowledge about the causes of AIDS and recommend preventative measures.
3. Dispel myths and misunderstandings surrounding AIDS (IBA, BBC Special Projects Report p.3).

These measures were pushed intensively and then discontinued.

1988:

In 1988 the British government began another series of AIDS education campaigns. Television ads targeted heroin users and discouraged using "dirty works". The ads were described as "uncompromisingly bleak and squalid" (Campbell p.17). The advertisements clarified the link between injecting heroin and AIDS, but not the link between sexual activity and the transmission of AIDS.

While the commercials discouraged drug usage, informational pamphlets encouraged people to use condoms. Pamphlets distributed contained three informational sections:

1. What AIDS is.
2. How AIDS is caused.
3. How to prevent the transmission of AIDS.

Posters distributed to colleges explained how to effectively use condoms, reducing the stigma associated with buying condoms and encouraging any sexually active women or man to purchase condoms. The ad featured straight talk, claiming the momentary embarrassment of purchasing a condom (for either men or women) was better than the results of having unprotected intercourse.

At the end of 1988, efforts were again targeted at specific "high risk activity" groups, including the general public. Police departments in certain areas of Britain catered to the

special needs of the prostitute community (all beyond the reach of the law). For example, Nottingham police produced and distributed a videotape describing the risks a prostitute encountered every time she/he changed partners. The videotape further explained how to avoid spreading AIDS if one was sexually active (Clouston p.6).

The last ad in 1988 targeted I.V. drug users. The ad was a black and white film depicting a series of people sharing needles and injecting drugs. The appearance of a flashing purple dot around the person's heart indicated that HIV had been transmitted from one user to another. The text that accompanied the images was simple- "HE HAS AIDS/(when a needle is shared)NOW HE DOES TOO/(when a needle isn't shared)SHE DOESN'T/(picturing two people sharing needles while injecting drugs)THIS SPREADS THE HIV VIRUS/HIV CAUSES AIDS" (AIDS commercial, 1988). 1988 featured a complete emphasis on prevention through education.

#### UNITED STATES

##### GENERAL:

In comparison to Britain's government, the US government seemed unconcerned about AIDS education. A serious time lapse occurred between the first diagnosis(1981) of AIDS and the first educational campaign(1986/87). The government and administration were inactive in regards to AIDS education, but not in regards to research. In the U.S., AIDS education policies were a political game. Each party used the pandemic as a levying tool (Republicans accused the Democrats of being "soft on fags")

(Campbell p.9). In 1983, epidemiologist Dr. Andrew Moss and other leading scientists, had to remind Congress that AIDS and not the groups affected by AIDS, were the problem. Researchers pressed Congress to fund prevention and educational research. Congress was described as "complacent" (Campbell p.9).

When Congress finally took action in 1984/85, they focused on negative solutions and not education. For example, Senator Jesse Helm's congressional aid bill prohibited federal funds from aiding any group that produced materials that encouraged homosexual activity. Because of this bill, health services could not reach the gay communities through advertisements and informational pamphlets. One booth at a governmental-sponsored AIDS conference actually read "Destroy the Homosexuals" and "Immobilize and Isolate all AIDS carriers" (Cookson p.8). Meanwhile, Lyndon LaRouche called for massive quarantining while the President referred to AIDS as "public enemy #1".

1985:

Despite the problems and prejudicial attitudes, AIDS education began in 1985. The government established the national AIDS hotline in April, 1985. The government also published informational pamphlets, prior to Dr. Koop's AIDS Awareness pamphlet. The pamphlets however, lacked clear, explicit explanations and information, stating "avoid exchange of bodily fluids" instead of simply stating avoid unprotected sexual intercourse (National Academy of Sciences p.99).

By March of 1985, the Department of Health and Human

Services had declared AIDS a "number one priority". Funding allocations only provided enough monies to educate professionals and other health services personnel. Groups involved in high risk activities were left to educate themselves. Moreover, according to Constance Holden "psychological and social needs... the service needs of AIDS patients, and the public service education has not been considered funding priorities" (Pierce and VanDeveer p.13). Indeed, it did not seem a priority at all. Yet the government was unable to spend all monies appropriated by congress for AIDS research (Omni p.116). In 1986 the Surgeon General called for comprehensive AIDS/sex education for the elementary schools (The Wall Street Journal p.121). Dr. Koop was the first federal health official to recommend comprehensive Aids education programs.

#### 1987- BEGINNING CAMPAIGNS

In 1987 AIDS education broke new ground. The media repealed their ban on condom commercials in February: Trojan condoms were advertised on NBC affiliate KRON-TV in San Francisco. The TV networks promoted education that many other agencies, like the government, were scared to promote. WXYZ, an ABC affiliate in Detroit, broadcasted a 30 second spot for Lifestyle condoms. WRTV, an ABC affiliate in Indianapolis was next to advertise condoms (Toufexis p.63).

The commercials featured condoms as protection against sexually transmitted diseases, not as assurance for promiscuity. The commercials for Trojan prophylactics were 15 second spots

with a subtle message. On the other hand, the Lifestyles commercials were slightly more direct with their message:

(This ad features a clean cut young man)  
I'm 24, single and worried. I'm a nice guy and I go out with nice girls. These days some terrible things are happening to some really nice people.

(accompanying text) TROJAN: FOR ALL THE RIGHT REASONS

(This ad features a young woman)  
Because of AIDS, I'm afraid. AIDS isn't a gay disease. It's everybody's disease and everyone who gets it dies. The Surgeon General says proper use of a condom can reduce your risk.....I'll do a lot for love, but I'm not willing to die for it (Toufexis p.8).

In a similar move, the print media relinquished their ban on condom advertisements. Seven reputable magazines and newspapers printed the taboo ads: Gentlemen's quarterly, The New York Times, Newsweek, Time-INC, USA Today and US News and World Report. The media established strict guidelines stipulating how the product could be promoted: the condoms could not be promoted as a birth control device; the ads must be in good taste; and (in the case of TV ads) the ads cannot be aired during the hours designated for children's programming.

LATE 1987/88:

Finally, in late 1987, the US government launched the first national education campaign. Commercials about AIDS were aired on network television in a variety of ways, including a series of celebrity endorsements providing the facts about AIDS, its transmission, and the national hotline number if the viewer had any questions or concerns. Another commercial depicted how AIDS was transmitted while rock music played in the background and

actors depicted the life of a person with AIDS. The accompanying text read "AIDS, DON'T GET IT". Every day the newspapers published an article about AIDS. The government released Dr. Koop's pamphlet "UNDERSTANDING AIDS", after it had been stored in a warehouse for two years. The pamphlet provided factual, clear, explicit information about AIDS, covered commonly asked questions and provided other sources of information for the reader.

#### PART IV - THE AGENCY

Before an analysis could be thoroughly understood, the implications of rhetorical analysis/strategies must be understood. Every form of communication used persuasive motives to convey the message to the audience. Whether the strategies employed succeeded in persuasion depended upon the audience and individual perception (residual message). The AIDS education campaigns produced by each country could be analyzed through the use of the rhetorical strategies (Fisher's motives of persuasion) evident in the media and the residual messages each produced .

#### BRITAIN:

Britain had been heralded for quick action and exemplary educational materials. Britain's educational campaigns however, were described anywhere from "horrendously vague" to "amazing". The strategies employed in the campaigns were mainly affirmation and subversion, which altered the perspective of the audience.

One of the original campaigns was an outdoor board which



read "AIDS: DON'T DIE OF IGNORANCE...Anyone can get it, gay, straight, male or female. Already 30,000 people are infected." The target message was not clear. The board provided the vital information that anyone could contract AIDS; however, it never explained how these people died or what they died from (complications caused by the virus). The text never discussed the disease's transmission or how to make a behavior change. AIDS was subverted through association with death.

Subversion was aided by the construction of the visual image. The letters A I D S loomed threateningly, occupying the majority of the board. The rest of the "deadspace" was bleak and desolate, constructed of a nondescript color on blank background. "Safer sex" and using "clean works" were not encouraged, but not "dying of ignorance" was encouraged. While not explicitly stated, the only means to avoid "dying of ignorance" was to practice safer sex and to use clean works. The board stated anyone could get AIDS. This attempted to subvert the myth that AIDS is strictly a male, homosexual disease. Likewise, it affirmed that AIDS could and would happen to anyone by simply saying so, out in public where anyone could read it. In fact, according to David Alton in the article "Flaws in the Government's Response", the campaign should be praised because it ignored stigma and at least explained that AIDS could happen to anyone" (Cosstick p.173).

The next campaign of "DON'T INJECT AIDS: SMACK ISN'T WORTH IT" efficiently and clearly discouraged the use of cocaine, but

failed to mention important information. Two problems existed with this campaign: first, it was unrealistic and next, it was inaccurate. Sharing needles was not discouraged, just using drugs, which isn't realistic. Also, the ideas of non drug users were supported. To users, smack could be well be worth the price.

One problem that arose due to the "DON'T INJECT AIDS: SMACK ISN'T WORTH IT" campaign was negative associations. The strategies employed affirmed only the negative aspects of drugs instead of affirming a change in behavior. The attitude created for viewers was negative towards AIDS and towards drug users; therefore, the ads would not alter an already existing attitude towards drug users. Injecting smack caused AIDS; therefore, anyone who had AIDS must be a drug user and deserved it. The message was negative for all viewers: drug-users would not pay attention and non-users would have misguided views.

In addition to creating negative associations, the ad was inaccurate. AIDS was not injected. The HIV virus was injected, which in turn, caused AIDS. The ads subverted injecting drugs, but the darkness of the message created a depressing, threatening atmosphere instead of a neutral, informative message.

Other campaigns drew confusing parallels and created confusing messages. The most notable campaigns were the promotions during Christmas 1987 and the free poster campaign. One campaign released at Christmas asked "how many will get AIDS for Christmas?" laid over a background of wrapping paper. Next,

the poster distributed to raise awareness and provide warnings about AIDS also created confusion. It depicted a young boy, supposedly an AIDS patient, in bed. The simple text read "AIDS, DON'T GET IT". The poster provided some basic information, but the visual remained the primary image. However, the images in both the wrapping paper ad and the poster created completely different mindset. Both promotions were factual, concise and unbiased, yet the images produced neither affirmed nor subverted the message provided. The wrapping paper image was too lighthearted and created a disposable image. The poster posed a unique problem. The boy depicted as an AIDS patient "proved to be too fashionably emaciated and too good-looking; girls kept on writing in and asking for the poster" (Woffinden p.33). This did provide the girls with information about AIDS, but they were treating this poster like any other poster of a teen heartthrob, not a poster that needed to be taken seriously.

Another ad released at the same time maintained more of a balance between seriousness and threatening images. The ad revealed that "your next sexual partner could be that very special person... the one who gives you AIDS" (Simon p.136). Anxiety produced motivation to subvert promiscuity and did so without squalid, bleak images. Instead, a simple yet serious text was accompanied by a uncluttered, neutral visual. According to Carl G. Leukfield and Manuel Fimbres in "Responding to AIDS; Psychosocial Initiatives" "... moderate, fear inducing health education programs are probably necessary to balance motivational

anxiety and maintenance of psychological equilibrium" (Leukfield p. 89). The serious simplicity of the message drew an obvious link between sexual activity and the transmission of AIDS, affirming awareness about sexual activity. Meanwhile, promiscuous or unprotected sexual activity was subverted by clearly stating what could be a result of these actions. This combination created a simple, uncluttered message for the viewer but did not overwhelm with threats or despairing images.

Other times the viewer was not only unsure what the intended message was, but was distracted as well. The education campaign that featured a pneumatic drill blasting the letters A I D S into a tombstone and the commercial that flashed phallic symbols behind the text were two examples. The first ad usually shocked viewers into equating AIDS with death; the latter commercial was so cluttered that the intent of the visual was unclear. The cluttered visuals made it difficult to link associations. The phallic symbols were representative of sexual activity, yet they were not actually linked with any other idea. Moreover, no alternative source of information was provided. A negative association was created because AIDS was linked with death. AIDS was to be avoided, as were those who had AIDS. Thus, the campaigns successfully subverted people who had AIDS but not the activities that contribute to and spread AIDS. The viewer was left with an inaccurate view about AIDS.

In comparison, the news programs and condom ads were clear, explicit and factual. The news programs were similar to the

distracting backdrops ( plain, dark blue drop with only one person present). The ads featured a discussion regarding sensible precautions to take before engaging in sexual activity with anyone. No particular person was pinpointed, targeted or otherwise focused upon. The commercial acknowledged that many people engaged in sexual activity, not just promiscuous people or those from "bad" backgrounds. This removed the stigma associated with condoms and affirmed that AIDS could happen to anyone.

The latest ad encouraged use of clean needles. It was filmed in black and white and depicted scenes of various teenagers injecting drugs. Through the process of sharing a needle, the ad showed HIV carriers passing the virus (unknowingly) to other people. Transmission occurred only when a needle was shared. The only color present was a blue dot that glowed where the person's heart would be once they become a carrier. The drug users were not portrayed as destitute, street punks or of any particular ethnic background. The commercial provided no commentary on the morality of using drugs. It just simply showed that sharing needles was a means of sharing the HIV virus; whereas, using your own needle was one means of protection. This ad reinforced the message that "AIDS is not prejudice. It can kill anyone" (Simon p.136). The advertising campaigns finally balanced targeting those people who engaged in high-risk activities (like the aforementioned commercial) and subverting them (like the short lived "AIDS is now a heterosexual disease" campaign).

## UNITED STATES:

Even though AIDS was first diagnosed in the U.S., the U.S. government was slow to educate people about AIDS. By the time any action was taken, misconceptions had been formed and anxiety had escalated. Originally, the media controlled the information the public first received about AIDS, leaving unanswered questions in people's minds. This anxiety was further heightened by hysteria of the unknown.

1981-1985:

The media was not the only victim of the hysteria. The third International AIDS conference, held in Washington 4 June, 1987, was not exempt from prejudice and misinformation. One booth at the conference, representing a group from Lincoln, Nebraska read " DESTROY THE HOMOSEXUAL INFRASTRUCTURE; BAN HOMOSEXUAL ACTS; IMMOBILIZE AND ISOLATE ALL AIDS CARRIERS" (Cookson p.8). Subversion was plainly evident: homosexuals were the scapegoat for the problem. Unwittingly, other people contributed to this subversion as well.

Language usage in articles and press releases often created and presented a specific attitude to the audience. Statements made by officials often referred to people with AIDS as "victims" or "innocent victims". When Los Angeles Archbishop Mahoney assisted the opening of a hospice for AIDS patients, he could not complete a sentence without using the word "victim" (Pierce and VanDeveer p.43). Victims were usually defined as the object of a crime. Therefore, a crime (AIDS) had been committed and the

victim either deserved it or was helpless. In either case, the belief was untrue, but the language denied this reality. The term "innocent victim" laid blame and designated innocence. Once again, creating a negative image of homosexuals and drug users because they were the first people to contract AIDS. A negative image of AIDS and the people with AIDS was created. Assisted by negative language, AIDS and the people with AIDS were perceived as a threat rather than the behavior that spreads AIDS.

Language usage not only equated AIDS and crime, it also provided other negative metaphors. When President Reagan finally acknowledged AIDS, he referred to the issue as "Public enemy #1", thus designating AIDS as an enemy. This created a negative image of those people who had AIDS. Other researchers and even medical experts claimed we must "conquer" and "battle" AIDS. According to Judith Wilson Ross in the "Ethics and Language of AIDS", these metaphors bring to mind the images of crime, sin, war and "otherness" (Pierce and VanDeveer p. 39). What was needed was clearcut language and a collective "us" not a strategy of "us versus them" (those who are healthy and subsequently good versus those who are not and subsequently bad) (Pierce and VanDeveer p.43). Dr. Koop explained the need for clearcut language in a clearcut manner: "...we are fighting a disease, not people. Those who are already affected are sick people and need our care..."(Los Angeles Times p.1A). Subversive language shifted attention away from the behaviors which caused AIDS and onto the people with AIDS. 1986-1987:

Negative images produced by the use of negative language diminished with the advent of a national AIDS education campaign. Commercials finally linked sexual activity to a vague, horrible sounding "IT". One of the first ads showed different couples engaged in different scenes of foreplay. In the background "boom, boom, boom, let's go back to my room, where we can do it all night..." played. Pictures were hazy, but the message was clear: indiscriminate and unprotected sexual activity could cost you your life. The activity was subverted, not the people.

Other commercials during this time featured well-known public figures, such as actor Tony Danza (Taxi, Who's the Boss?), Johnny Depp (Officer Hanson on 21 Jumpstreet) and the Surgeon General, Dr. C. Everett Koop. The commercials had no hidden meanings, but featured simple, straightforward messages. Tony Danza's ad succinctly expressed an urgent message:

As a teenager you're faced with a lot of decisions- like having sex. In these days a lot is happening, like AIDS and having sex can kill you. So don't have sex, but if you do, use a condom (AIDS commercial 1987).

The link between sexual activity and the transmission of AIDS was clearly made. The commercial broke taboos because it advised people to use condoms. Abstinence was acknowledged as the only way to avoid infection; however, it affirmed the use of the condom if one chose not to abstain.

Advertising condoms on national TV, while helpful to the public, also shocked many of the U.S.'s conservative citizens. Despite the controversies and the media's initial reluctance to



advertise condoms, some companies forged ahead, producing blatant yet colorful and educational ads. In late 1987, Hero condoms released ads that were described as "flashy". The condoms were prominently displayed and the text read "Smart Sportswear for the active male" (Hero promotion 1987). The commercial encouraged using a condom by displaying the condom in a positive light. The condom was no longer relegated to a necessary, bothersome, protective device. By likening the condom to sportswear, it became more casual and fun. The condom was "fun" and wearing it was "smart". This alluded to the intelligence of the wearer as well as the product's appearance ("it looks smart"). A condom was a "good look" and an intelligent investment for those with "active lives".

#### LATE 1987/EARLY 1988:

In 1987/88, the government finally realized the necessity of educating the public about AIDS. Distribution of "Understanding AIDS", an informational pamphlet, was the first national education program. "Understanding AIDS" was a compilation of AIDS information prepared by health experts and distributed by the government. The pamphlet presented information in a positive, open manner, encouraging people to adopt a positive, open attitude towards AIDS and the people who have AIDS.

From the beginning of the brochure, the persuasive message was clear. Because the language was personalized, (what's called "you" language) the literature addressed each individual.

Headlines and offset text read "What AIDS Means to YOU; How do YOU Get AIDS?; What Behavior puts YOU at Risk?". In addition to personalized language, the pamphlet represented "real" people. The pamphlet included pictures of people with AIDS and quotations about their feelings and concerns about AIDS. For example, a middle-aged woman was pictured accompanied by the quotation "Obviously women can get AIDS. I'm here to witness that. AIDS is not a "we"/ "they" disease, it's an "us disease." and the text read "Carole has AIDS" (Understanding AIDS p.2). This message affirmed that AIDS was not prejudice.

Not only was the message personalized with the word "you", but the word "you" was also effectively repeated.

You won't get the AIDS virus through everyday contact...  
You won't get AIDS from a mosquito bite.  
You won't get AIDS from saliva, sweat, tears, urine or a bowel movement.  
You won't get AIDS from a kiss.  
You won't get AIDS from clothes, a telephone or from a toilet seat (Understanding AIDS p.3).

Repetition was a key device for clarifying issues. The pamphlet mentioned "risky behaviors" in one section and then immediately referred the reader to a section explaining risky behaviors for further clarification. The pamphlet repeatedly stressed that AIDS was not easy to get (unlike an airborne virus) and carefully explained the ways AIDS could be spread.

By providing clear, accurate information, the pamphlet affirmed sensible action. The pamphlet neither condemned nor encouraged illicit behavior, but approached these behaviors in a realistic manner. Even though using drugs was not encouraged, it

it was not assumed one would just stop using drugs because the government recommended it:

No one should shoot drugs. It can result in addiction, poor health, family disruptions, emotional disturbances and death...people must avoid AIDS by not sharing any of the equipment used to prepare and inject illicit drugs (Understanding AIDS p.6).

The brochure was accurate and thorough, covering the issues of AIDS, and affirming a behavior change through language and repetition.

#### PART V - THE PURPOSE

Explanation and comparison of Britain's and the United State's educational campaigns would not be effective without an analysis of success. Obviously success of the campaigns could be measured by figuring how many and how effectively people were educated. For success to be measured in this manner, the ad first had to achieve what it meant to achieve (if the ad successfully affirmed the right aspects and attitudes or subverted the planned material in the viewer's eyes). Success of the programs could then be analyzed by examining the medium and understanding the residual messages created by the campaigns.

#### ANALYSIS OF MEDIUM:

To effectively analyze of the educational campaigns, the medium which was used must first be analyzed. The media was pervasive throughout society, consequently the most appropriate medium with which to disseminate materials seemed to be the mass media. Experts however, could not agree upon this issue.

According to David Baltimore, AIDS expert, microbiologist

and Nobel prize winner (1975), the advertising industry was the most appropriate medium to utilize.

They can get people to switch detergents. They are able to get people to buy things they may not particularly need. They ought to be able to get people to look a little more carefully at the consequences of some very basic biological activities (Newsweek p. 47).

Advertising was a pervasive and powerful medium and was undeniably a part of everyone's lives. Therefore, it was natural to assume that advertising had the capability to convey massive amounts of information to a large number of people. However, advertising did not have the capability to reach every intended target. TV commercials and pamphlets were limited to reaching only those people interested in receiving information. Similarly, magazines and newspaper ads and articles only reached those people who took the time to read them.

Contrary to Baltimore, other experts, criticized the use of the media, especially when trying to reach the "fringe" of society. The "fringe" included drug abusers, the homeless, prostitutes and people who did not own or would not be interested in television and radio. Using the media to educate the public created three problems. First, contrary to the aims of advertising, the aims of the education campaigns were to dissuade, not persuade. Second, "the fringe" were considered the least likely to be interested in watching TV (Campbell p.10). Finally, those people who felt they were at risk were aware of the problems and attempted to be open to and interested in educational programming, whereas, the people who considered themselves not to be at risk were the least likely

to be information. Therefore, the people that needed to be reached were most likely to flip the channel during an AIDS awareness commercial or disregard AIDS information. The media however, proved to be the most effective means of reaching the population because there seemed to be no alternative.

#### ANALYSIS OF PROGRAMS:

In addition to both country's utilizing the same medium, both Britain's and the US's campaigns employed mainly the strategies of affirmation and subversion. Affirmation and subversion were achieved through imaging (positive or negative), language use and repetition. Britain and the US not only employed similar strategies, but were also plagued by similar problems. These problems included inactivity, vagueness of meaning and negative images.

Britain's first campaign was an excellent example of vague meaning. The commercial featured pneumatic drills, erupting volcanoes and relied heavily upon symbolism: the phallic symbols were strong, the link between sexual activity and the transmission of AIDS was not. The text that accompanied the visuals (DON'T DIE OF IGNORANCE/DON'T INJECT AIDS) also had little persuasive effect. If the viewer actually understood the message and realized the symbolism was to "turn them off sex", it offered no alternatives.

Unlike the first campaign, the "DON'T INJECT AIDS" campaign was quite persuasive. According to Dave Turner, Britain's director of the standing conference on drug abuse: "there was no measurable decline as a result of the campaign, but an increase in the numbers

of people taking amphetamines, whether orally or intravenously" (Woffinden p.33). The campaign successfully subverted "injecting smack", but the point of the whole message was ignored. Instead of promoting a decrease in drug usage, the ad promoted an increase in other substances.

The first commercials were not only cluttered, but distracting as well. Also, no back-up information was provided for the viewer either. Because of this, the residual message, or the information the audience remembered, was weak. Suzanne Moore pointed out in the article "Condom Cultures" that if the viewer understood the first campaigns equating sex with death, the viewer was not given any information about what to do, short of abstinence (Moore p. 24). Thus, the viewer was left with a sense of frustration. The confusion, vague connections and misinformation presented by these ads only heightened anxiety producing factors. Suzanne Moore further stated "it seems not many were actually persuaded about the necessity of safe sex" (Moore p.24).

Persuasion failed to occur because of distracting messages and because a lack of clear information. Ads often failed to mention that HIV was transmitted through sexual activity. Moreover, ads rarely provided back-up information to the viewers. A week after the AIDS education commercials were aired, condom commercials were aired on TV, and once again they were not followed by back up information. Instead of accurate information about AIDS, the information provided was a series of misleading statistics from Edinburgh, Scotland a "smack infested city" and

"AIDS capitol of the UK". This was described as "an overkill campaign that went right for the jugular" (Moore p.25). The information provided may have been necessary, but created attitudes of fear, confusion and anxiety; which contributed to the already existing hysteria and misinformation.

The commercials were supposed to convey information that would promote awareness while not presenting a threatening image. The audience should have remembered five specific points of information:

- 1) AIDS is a threat to everyone.
- 2) There is no known cure for AIDS.
- 3) The virus is passed through sexual intercourse with an infected person.
- 4) Both sexes can contract AIDS.
- 5) AIDS is no longer confined to a particular population (Messenger Davies p.25).

When viewers were interviewed by the BBC news in the "Young People's Survey" the viewers claimed they "did not see the point of a television commercial which gave no information" (Messenger Davies p.24). Viewers remembered visual images, but not the text. Successfully distracted by the visuals, viewers remembered not the warnings or the information about AIDS, but images of drills and erupting volcanoes.

Other surveys conducted contradicted the findings of the young people's survey. Another survey of the general public, conducted by BBC in conjunction with Gallup, revealed that the adult population felt they were more aware of AIDS because of the campaign. Moreover, the same people said they were persuaded that AIDS was a problem and 3/4 of these people felt the programs

enhanced understanding of the problems (IBA p.10).

Inactivity was another problem the British government encountered. Duncan Campbell claimed the British government's inactivity lasted "almost as long as the Reagan administrations" (Campbell p.11). No one from Britain's Department of Health and Social Services attended the first or second AIDS charity conferences. The government's own policies against homosexuals prohibited the gay community from assisting the government to promote educational materials. Moreover, vital information about AIDS had to be smuggled in from the U.S. to Britain's Health Secretary Norman Fowler by Chief Medical Officer, Sir Donald Acheson via the diplomatic "black bag" (Campbell p.9). In fact, information integral to AIDS education was not released because the British government feared the community would find it offensive and it would be considered obscene.

The problems of the educational programs were obvious. Britain's first campaign alternated between being too vague and being too vigorous; however, at least education was attempted. The commercials promoted awareness, though understanding was neither promoted or affirmed. The contradictory findings of the two surveys strengthened the argument that the media was an inappropriate medium. However, it must be remembered that most people were not going to pay attention to negative images.

The U.S. suffered similar problems with their educational campaigns. The first and most obvious was the complete lack of an educational campaign. The government waited six years before



reacting to the epidemic, thus delivering the message to the American public that AIDS was a problem to be ignored. The government continually assured the people they had nothing to worry about, but the government said the same thing about the Love Canal and Nicaragua.

In addition to the lack of an educational campaign, the language used in the articles published about AIDS was generally negative. This negative language created an "us" versus "them" attitude, which is further explained in the book AIDS, Ethics and Public Policy.

Because AIDS was first discovered among gay men in New York, Los Angeles and San Francisco, society has externalized its anxiety over AIDS by directing it towards an enemy, and that enemy has been homosexuality. Meanwhile gay men have had to deal with death not only in terms of its physical and psychological terrors, but also within a context of social alienation and invisibility.(p.2)

A negative attitude towards AIDS already existed, the lack of a unified campaign only heightened the problem. To counter the spreading hysteria, fear and misinformation, the government had to show the people that AIDS was something to be dealt with, not ignored or used as a scapegoat for society's "ills".

When the government finally launched an educational program, the already existing negative attitudes had to be accounted for. The ads now had to change existing attitudes as well as educate. The programs had to simultaneously persuade and dissuade. While some messages were vague and confusing, combining too many visuals with little concrete information, the messages lacked the original negative language. The reduction of negative language eliminated

the existing "us" versus "them" attitude, but not the attitudes of the common enemy. As pointed out by Dr. Frederick Ide, in his book, AIDS Hysteria, "education can only erase illiteracy, it can't cure illusions" (Ide p.138).

The next educational campaign attempted to erase the illusions of the common enemy. The commercial sponsored by condom manufacturers and Planned Parenthood, provided a message vital to anyone who was sexually active. These commercials attempted what Dr. Ide advised:

the reality of AIDS must be divorced from popular hysteria generated by illusions and misinformation...AIDS hysteria will stop only when reason and logic are allowed into the human mind, when it is set free from superstitions and myths generated by pettiness, simplemindedness and organized religion. (Ide p.143)

In 1988, many teenagers did not perceive AIDS as a threat to them. Many sexually active adults did not consider AIDS a threat to them either. AIDS was something that happened to other people, it was "someone else's" disease. Many people held misconceptions about AIDS, even after receiving Dr. Koop's pamphlet about AIDS. The pamphlet portrayed its message in an effective manner. Featured were "everyday" people, people who could be someone's next door neighbor and the personal "you" was stressed everywhere. The information was not hidden behind its language, the words were explicit but not blunt. Repetition was effectively used and promoted awareness, but not condoning or condemning sexual activity. The messages were simple and clearly stated.

No matter how clearly the messages were portrayed, they could only be effective if they were read. If people did not consider themselves to be at risk, the likelihood of them reading the material was low. Two campaigns attempted to make viewers take notice. First, in an attempt to appeal to the younger, sexually active generation, media stars appeared in the commercials and promoted "safer sex" or AIDS awareness. If the stars that were admired talked out about AIDS, the teenagers would be more likely to emulate them instead of "stuffy" adults. Also, campaigns personalized the message with "you phrases", like Dr. Koop's pamphlet, hoping the audience would pay more attention.

The major problem both countries encountered was not the negative attitudes-negative attitudes could eventually be changed with the proper information and persuasive techniques. The main stumbling block was not effectively arousing the public's interest and maintaining this interest. Ideally, if the public had been exposed to an explicit educational campaign from the beginning, many of the negative attitudes would not have existed. Instead the government tried to keep the epidemic under wraps, hoping AIDS would go away.

Realizing AIDS was not just going to disappear, both countries eventually provided their people with the necessary information. Britain however started an educational program first. Nevertheless, the British educational campaigns were not as open and candid and shocking as many attributed. Like the American campaigns, the British campaigns encountered the same prejudice and

misinformation; however, Britain began battling these attitudes earlier. The campaigns were successful in raising public awareness even if the public did not make themselves accessible to the information. However, the U.S. government encountered fewer problems once they finally established an educational program.

The education campaigns failed to produce the desired "safeguarding" of sexual activities. The government claimed, short of abstinence, using a condom or clean needles, were the only means of preventing AIDS. No means of education could produce these results unless people were convinced using condoms and clean needles were both necessary and enjoyable. As long as ads linked sexual activity with fear, not pleasure, many people would not be persuaded to listen. "As long as condoms are associated with coziness, constraint and coupledness, men won't get into them and women won't make sure they do" (Moore p.24). The same logic applied when encouraging people to use clean needles.

Successful programs existed that the governments could have copied. The Minnesota Model was just one program where the City Health Official and the gay community worked together to educate the city. In return for educational materials, the bathhouses stayed open, but had to display "safer sex" information. Social workers contacted bathhouses and prostitutes, providing them with condoms and educational materials. In return the social workers were allowed to talk to patrons and imposed certain guidelines. Edinburgh, Scotland implemented a needle exchange program. People were shown how to sterilize their needles, or an old needle could

be exchanged for a clean needle.

Both programs involved risks, the government was helping people break laws. However, in this instance, protecting the general population seemed more important than protecting the government's image. Each of these programs involved risks, but education and knowledge involve risks as well. "We need a campaign which has the guts to give information about safe sex and the guile to fuel the imagination" (Moore p.25).

## EPILOGUE:

The previous pages examined two different AIDS education programs: the British program and the American program. Differences were found regarding reaction time: Britain responded more quickly than the U.S. Nonetheless, both countries experienced the same problems. Contrary to popular opinion, the U.S.'s educational campaign was found to be the more accurate of the two.

Education can do nothing on its own. It is up to the individual to assimilate and channel the information appropriately. After this assimilation occurs, educational programs can be considered successful. Moreover, effective educational campaigns require effective research. Ultimately, the product being sold will save lives. No matter how positive, educational or pervasive the information, change comes from within the individual. Unless shown specific and enticing alternatives, a frightened public will ignore a problem and hope it just goes away. The AIDS education campaigns have been successful in raising awareness and there is hope for future campaigns. Success can only be defined in relative terms. Educational efforts need to induce change, with the assistance of behavior modification. According to the Institute of National Medicine, the information must first be shaped, then society must be provided with reinforcement, using diverse language for diverse groups (p.233). As Dr. Ide stresses:

"AIDS indicts society...AIDS is a disease not a disgrace.  
The disgrace is human ignorance" (Ide p.143).

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